

TABLE 2

Number and Street	City	State	ZIP	FROM	TO

TABLE 3

Name and Address of Institutional Investor	% of Ownership	Number of Shares Held

TABLE 4

Name and Address and Telephone	Type of Account	Name of Account	Account Number(s)

TABLE 5

Name and Location of Public Agency	Type of Regulation	License No. or Other Identifying No.

TABLE 6

[illegible]

TABLE 7

[illegible]

TABLE 8

Taxing Agency	Type of tax	Date of Taxing Period (MM/YY)	Amount

TABLE 9

Name of candidate/ office holder	Office sought/held	Date	Amount	Method of payment	Intermediary, if any
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					
Last Name:					
First Name, MI:					

TABLE 10

Name Of Official Or Officer	Title	Business Address	Telephone Number
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()
Last Name: First Name, MI:		Address: City: State: ZIP:	()

TABLE 11

Type Of Securities Or Debt Offerings	Name And Location Of Regulatory Agency	Date Of Action	Action Taken

TABLE 12

Name	Date of Birth	Home Address	% of Ownership	Title/Position
Last Name: First Name, MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name, MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name, MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name, MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name, MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name, MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name, MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name, MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name, MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		
Last Name: First Name, MI: <input type="checkbox"/> Personal or Business Disclosure attached		Address: City: State: ZIP: Country:		